

REPORT AND DISPOSITION OF OFFENSE(S)

To: Commanding Officer, _____				Date of Report: _____		
1. I hereby report the following named person for the offense(s) noted:						
NAME OF ACCUSED		SERIAL NO. N/A	SOCIAL SECURITY NO.		RATE/GRADE	DIV/DEPT
PLACE OF OFFENSE(S)			DATE OF OFFENSE(S)			
DETAILS OF OFFENSE(S) (Refer by article of UCMJ, if known. If unauthorized absence, give following info: time and date of commencement, whether over leave or liberty, time and date of apprehension or surrender and arrival on board, loss of ID card and/or liberty card, etc.):						
NAME OF WITNESS		RATE/GRADE	DIV/DEPT	NAME OF WITNESS		DIV/DEPT
<div style="display: flex; justify-content: space-between;"> _____ (Rate/Grade/Title of person submitting report) _____ (Signature of person submitting report) </div>						
I have been informed of the nature of the accusation(s) against me. I understand I do not have to answer any questions or make any statement regarding the offense(s) of which I am accused or suspected. However, I understand any statement made or questions answered by me maybe used as evidence in the event of trial by court-martial (Article 31, UCMJ).						
Witness: _____ (Signature)			Acknowledged: _____ (Signature of Accused)			
PPE-II ST PESTP IIT	<input type="checkbox"/> PRE TRIAL CONFINEMENT <input type="checkbox"/> RESTRICTED: You are restricted to the limits of _____ in lieu of arrest by order of the CO. Until your status as a restricted person is terminated by the CO, you may not leave the restricted limits Except with the express permission of the CO or XO. You have been informed of the times and places which you are required to muster.					
	<input type="checkbox"/> NO RESTRICTION					
_____ (Signature and title of person imposing restraint)			_____ (Signature of Accused)			
INFORMATION CONCERNING ACCUSED						
CURRENT ENL. DATE	EXPIRATION CURRENT ENL.	TOTAL ACTIVE NAVAL SERVICE	TOTAL SERVICE ONBOARD	EDUCATION	AFQT	AGE
MARITAL STATUS	NO. DEPENDENTS	CONTRIBUTION TO FAMILY OR QTRS ALLOWANCE (Amount required by law) N/A		PAY PER MONTH (Including sea or foreign pay if any.)		
RECORD OF PREVIOUS OFFENSE(S) (Date, type, action taken, etc Non-judicial punishment incidents are to be included.)						

PRELIMINARY INQUIRY REPORT

From: Commanding Officer _____ Date: _____

To: _____

1. Transmitted herewith for preliminary inquiry and report by you, including, if appropriate in the interest of justice and discipline, the preferring of such charges as appear to you to be expected evidence.

REMARKS OF DIVISION OFFICER (Performance of duty, etc.)

NAME OF WITNESS	RATE/GRADE	DIV/DEPT	NAME OF WITNESS	RATE/GRADE	DIV/DEPT

RECOMMENDATION AS TO DISPOSITION: ☐ REFER TO COURT MARTIAL FOR TRIAL OF ATTACHED CHARGES
(Complete Charge Sheet (DD Form 458) through Page 2)

☐ DISPOSE OF CASE AT MAST ☐ NO PUNITIVE ACTION NECESSARY OR DESIRABLE ☐ OTHER

COMMENT (Include data regarding availability of witnesses, summary of expected evidence, conflicts in evidence, if expected. Attach statements of witnesses, documentary evidence such as service record entries in UA cases, items of real evidence, etc.)

(Signature of Investigation Officer.)

ACTION OF EXECUTIVE OFFICER

☐ DISMISSED ☐ REFERRED TO CAPTAIN'S MAST

SIGNATURE OF EXECUTIVE OFFICER

RIGHT TO DEMAND TRIAL BY COURT-MARTIAL
(Not applicable to persons attached to or embarked in a vessel)

I understand that nonjudicial punishment may not be imposed on me if, before the imposition of such punishment, I demand in lieu thereof trial by court-martial. I therefore (do) (do not) demand trial by court-martial.

WITNESS

SIGNATURE OF ACCUSED

ACTION OF COMMANDING OFFICER

<input type="checkbox"/> DISMISSED	<input type="checkbox"/> CONF. ON _____ 1, 2, 3 DAYS
<input type="checkbox"/> DISMISSED WITH WARNING (Not considered NJP)	<input type="checkbox"/> CORRECTIONAL CUSTODY FOR _____ DAYS
<input type="checkbox"/> ADMONITION: ORAL/IN WRITING	<input type="checkbox"/> REDUCTION TO NEXT INFERIOR PAY GRADE
<input type="checkbox"/> REPRIMAND: ORAL/IN WRITING	<input type="checkbox"/> REDUCTION TO PAY GRADE OF _____
<input type="checkbox"/> REST. TO _____ FOR _____ DAYS	<input type="checkbox"/> EXTRA DUTIES FOR _____ DAYS
<input type="checkbox"/> REST. TO _____ FOR _____ DAYS WITH SUSP. FROM DUTY	<input type="checkbox"/> PUNISHMENT SUSPENDED FOR _____
<input type="checkbox"/> FORFEITURE: TO FORFEIT \$ _____ PAY PER MO. FOR _____ MO(S)	<input type="checkbox"/> ART. 32 INVESTIGATION
<input type="checkbox"/> DETENTION: TO HAVE \$ _____ PAY PER MO. FOR (1,2,3)MO(S) DETAINED FOR _____ MO(S)	<input type="checkbox"/> RECOMMENDED FOR TRIAL BY GCM
	<input type="checkbox"/> AWARDED SPCM <input type="checkbox"/> AWARDED SCM

DATE OF MAST

DATE ACCUSED INFORMED OF ABOVE ACTION:

SIGNATURE OF COMMANDING OFFICER

It has been explained to me and I understand that if I feel this imposition of non-judicial punishment to be unjust or disproportionate to the offenses charged against me. I have the right to immediately appeal my conviction to the next higher authority within 5 days.

SIGNATURE OF ACCUSED

DATE

I have explained the above rights of appeal to the accused.

SIGNATURE OF WITNESS _____ DATE _____

FINAL ADMINISTRATIVE ACTION

APPEAL SUBMITTED BY ACCUSED

DATE: _____

FORWARDED FOR DECISION ON: _____

FINAL RESULT OF APPEAL:

APPROPRIATE ENTRIES MADE IN SERVICE RECORD AND PAY ACCOUNT ADJUSTED WHERE REQUIRED

FILED IN UNIT PUNISHMENT BOOK:

DATE: _____ (Initials)

DATE: _____ (Initials)